

SERFF Tracking Number:	ARGN-125473274	State:	Arkansas
Filing Company:	Argonaut Great Central Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	KW08R-038		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0003 Commercial Package
Product Name:	Retail Grocers Program		
Project Name/Number:	Business Income Change/		

Filing at a Glance

Company: Argonaut Great Central Insurance Company

Product Name: Retail Grocers Program	SERFF Tr Num: ARGN-125473274	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$25

Sub-TOI: 05.0003 Commercial Package	Co Tr Num: KW08R-038	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montes, Llyweyia Rawlins, Brittany Yielding
	Author: Kimberle Williams	Disposition Date: 02/19/2008
	Date Submitted: 02/04/2008	Disposition Status: Exempt from Review
Effective Date Requested (New): 03/15/2008		Effective Date (New): 03/15/2008
Effective Date Requested (Renewal): 03/15/2008		Effective Date (Renewal): 03/15/2008

State Filing Description:

General Information

Project Name: Business Income Change	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization: ISO	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/19/2008	
State Status Changed: 02/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Please accept the attached rate and rule filing on behalf of Argonaut Great Central Insurance Company. At this time, we are making the following change to the Commercial Lines Manual Rule page for the Retail Grocers Program: Section 50. Business Income (and Extra Expense) Coverage Options Rate Modification for Completed Buildings.

SERFF Tracking Number: ARGN-125473274 State: Arkansas

Filing Company: Argonaut Great Central Insurance Company State Tracking Number: EFT \$25

Company Tracking Number: KW08R-038

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Retail Grocers Program

Project Name/Number: Business Income Change/

To more accurately reflect the exposure for retail furnishing stores business income coverage, we are revising the calculation of the rate for this exposure. The revision of these factors may result in a premium increase. At this time, there is no furniture store premium in Arkansas. There are no changes to our current Loss Cost Multipliers.

Company and Contact

Filing Contact Information

Kimberle Williams, Regulatory Analyst Kwilliams@argonautgroup.com
 3625 N. Sheridan Road (309) 686-2406 [Phone]
 Peoria, IL 61633 (309) 688-4780[FAX]

Filing Company Information

Argonaut Great Central Insurance Company	CoCode: 19860	State of Domicile: Illinois
3625 N. Sheridan Road	Group Code: 457	Company Type: Commercial Llnes
Peoria, IL 61633	Group Name:	State ID Number:
(877) 769-5953 ext. [Phone]	FEIN Number: 37-0301640	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	Independent Rule Filings—all P&C lines (New fee 11-9-99) - \$25
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Argonaut Great Central Insurance Company	\$25.00	02/04/2008	17814766

Correspondence Summary

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	02/19/2008	02/19/2008

SERFF Tracking Number: *ARGN-125473274* *State:* *Arkansas*
Filing Company: *Argonaut Great Central Insurance Company* *State Tracking Number:* *EFT \$25*
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TOI: *05.0 Commercial Multi-Peril - Liability & Non- Liability* *Sub-TOI:* *05.0003 Commercial Package*
Product Name: *Retail Grocers Program*
Project Name/Number: *Business Income Change/*

Disposition

Disposition Date: 02/19/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal): 03/15/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rules filing and review requirements.

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for	Yes
		Informational Purposes	
Supporting Document	Explanatory Memorandum	Accepted for	Yes
		Informational Purposes	
Supporting Document	P&C Transmittal Form	Accepted for	Yes
		Informational Purposes	
Rate	Commercial Lines Manual - Countrywide	Accepted for	Yes
		Informational Purposes	

<i>SERFF Tracking Number:</i>	<i>ARGN-125473274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Argonaut Great Central Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>KW08R-038</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0003 Commercial Package</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Retail Grocers Program</i>		
<i>Project Name/Number:</i>	<i>Business Income Change/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *ARGN-125473274* *State:* *Arkansas*
Filing Company: *Argonaut Great Central Insurance Company* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *KW08R-038*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0003 Commercial Package Liability*
Product Name: *Retail Grocers Program*
Project Name/Number: *Business Income Change/*

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Commercial Lines Manual - Countrywide	CW-CP-R1 thru CW-CP-R6	Replacement	ML4R-085 CW_CP_5th_01-08.pdf

ARGONAUT GROUP INC.

Coverage provided by Argonaut Great Central Insurance Company or Argonaut Insurance Company

RETAIL GROCERS PROGRAM

COMMERCIAL LINES MANUAL - COUNTRYWIDE

DIVISION FIVE - FIRE AND ALLIED LINES - COMPANY EXCEPTIONS

We are introducing the following exceptions to the Commercial Package Program:

38. BUILDING AND PERSONAL PROPERTY COVERAGE OPTIONS
--

L. Utility Services – Direct Damage (Modified)

1. Description of Coverage

Add any references in Rule **54 B.1.** to this Coverage.

3. Rules

a. For each described premises at which coverage applies, enter a Limit of Insurance. This Limit of Insurance is the only Limit of Insurance applicable to this coverage.

c. See Table E-4 for applicable deductible and deductible factors.

4. Rate Modification

a. Properties Providing Water, Communication and Power Supply Services

b. Overhead Power Transmission and Communication Lines

All Territories: \$2.35 per \$100 of coverage

T. Spoilage Coverage - (Modified)

3. Rules

d. See Table E-4 for applicable deductible and deductible factors.

4. Premium Determination

b. Rate - a Flat Rate of \$3.50 per \$100 of Coverage applies

b.(1) Loss Costs - Not Applicable

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RETAIL GROCERS PROGRAM

THE FOLLOWING ADDITIONAL COVERAGE OPTIONS ARE ADDED:

A. Grocers Advantage (Enhancement Endorsement)

1. Description of Coverage

This endorsement may be attached to extend coverages offered under the Commercial Property Coverage Part and the Commercial Inland Marine Coverage Part. For Hepatitis A coverage, the base limits are \$5000 for inoculations and \$10000 for Business Income and Extra Expense. The following higher limits are available:

<u>Limit Options</u>	<u>Inoculations</u>	<u>Business Income and Extra Expense</u>
Option 1	\$15000	\$50000
Option 2	\$30000	\$100000

2. Form

Use form **AG 001**.

3. Premium Determination

- a. A Flat Charge applies on a per location basis (this premium is not subject to any rating modification plan):

One Location:	\$500
Each Additional Location:	\$150

- b. For higher limits for Hepatitis A coverage, the following charges apply:

	<u>Option 1</u>	<u>Option 2</u>
<u>Without food preparation</u>		
One Location:	\$50	\$75
Each Additional Location:	\$25	\$50
<u>With food preparation</u>		
One Location:	\$100	\$150
Each Additional Location:	\$50	\$75

ARGONAUT GROUP INC.

Coverage provided by Argonaut Great Central Insurance Company or Argonaut Insurance Company

RETAIL GROCERS PROGRAM

B. Market Advantage (Enhancement Endorsement)

1. Description of Coverage

This endorsement may be attached to extend coverages offered under the Commercial Property Coverage Part, the Commercial Crime Coverage Part and the Commercial Inland Marine Coverage Part.

2. Form

Use form **AG 002**.

3. Premium Determination

A Flat Charge applies on a per location basis (this premium is **not** subject to any rating modification plan):

Each Location: \$150

C. Retail Shopping Center Advantage (Enhancement Endorsement)

1. Description of Coverage

This endorsement may be attached to extend coverages offered under the Commercial Property Coverage Part, the Commercial Crime Coverage Part and the Commercial Inland Marine Coverage Part.

2. Form

Use form **AG 075**.

3. Premium Determination

A Flat Charge applies on a per location basis (this premium is **not** subject to any rating modification plan):

Each Location: \$250

D. Retail Furnishing Advantage (Enhancement Endorsement)

1. Description of Coverage

This endorsement may be attached to extend coverages offered under the Commercial Property Coverage Part, the Commercial Crime Coverage Part and the Commercial Inland Marine Coverage Part.

2. Form

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RETAIL GROCERS PROGRAM

Use form **AG 077**.

3. Premium Determination

A Flat Charge applies on a per location basis (this premium is **not** subject to any rating modification plan):

Each Location \$250

50. BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE OPTIONS

B. Basic Forms

3. Use form **AG 011** to provide Business Income (and Extra Expense) Coverage on an Actual Loss Sustained basis (No Limit).

E. Rate Modification

1. Completed Buildings

a. Rate Factor Table

Multiply the base rates by the appropriate factor in Table **50.E.3.b.#1** Business Income (And Extra Expense) Rate Factors or Table **50.E.3.b.#2** Business Income (Without Extra Expense) Rate Factors to obtain the Business Income rates.

If Business Income (And Extra Expense) Coverage is written on an Actual Loss Sustained basis with No Limit, determine the appropriate limit (for rating purposes on an Actual Loss Sustained basis only) by multiplying the Annual Sales by the percentage in the following table:

Furniture Stores	35%
All other	25%

Then, multiply the base rate by the 100% Coinsurance Percentage Factor in Table **50.E.3.b.#1** [or by the Factor in Table **50.E.3.b.#2** for Business Income (Without Extra Expense)] and then by the appropriate limit for Actual Loss Sustained rating purposes.

54. COMMON TIME ELEMENT OPTIONS

B. Utility Services

2. Forms

The following forms are available for optional waiting periods for Utility Services – Time Element coverage:

- a. For a 12 hour waiting period, use form **AG 007**.

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RETAIL GROCERS PROGRAM

- b. For a 24 hour waiting period, use form **AG 008**.
- c. For a 48 hour waiting period, use form **AG 009**.
- d. For a 72 hour waiting period, use form **AG 010**.

4. Rate Modification

Based upon the waiting period option selected, apply the following factors:

<u>Waiting Period</u>	<u>Factor</u>
12 Hours	1.10
24 Hours	1.06
48 Hours	1.03
72 Hours	1.00

5. Premium Determination

\$0.78 per \$100 of Coverage.

72. CAUSE OF LOSS - SPECIAL FORM

B. Forms

- 1. Attach form **AG 003** to all policies that use form CP 10 30 Cause of Loss - Special Form.

81. DEDUCTIBLE INSURANCE PLAN

A. Description of Plan

This Plan provides a method of determining rates for writing direct property damage coverages with higher deductibles (\$1000 minimum - \$50,000 maximum) on eligible covered property.

ARGONAUT GROUP INC.

Coverage provided by Argonaut Great Central Insurance Company or Argonaut Insurance Company

RETAIL GROCERS PROGRAM

E. Rate Modification

4. Table of Factors for Deductible Coverage

<u>Deductible Amount</u>	<u>Factor</u>
\$500	1.00
\$1000	0.87
\$2500	0.84
\$5000	0.79
\$10000	0.74
\$25000	0.67
\$50000	0.62

ADDITIONAL MANDATORY FORM

Attach form **AG 004** to all policies providing building coverage.

ADDITIONAL OPTIONAL FORM

To limit potential loss payment under the Commercial Property Coverage Part to a maximum of 125% of the total stated value, attach form **AG 023**.

SERFF Tracking Number:	ARGN-125473274	State:	Arkansas
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Product Name:	Retail Grocers Program		
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Supporting Document Schedules

Satisfied -Name:	Cover Letter	Review Status:	Accepted for Informational Purposes	02/19/2008
Comments:				
Attachment:				
KW08R-038.pdf				

Satisfied -Name:	Explanatory Memorandum	Review Status:	Accepted for Informational Purposes	02/19/2008
Comments:				
Attachment:	Explantory memo - Explanatory Memorandum_AGC.pdf			

Satisfied -Name:	P&C Transmittal Form	Review Status:	Accepted for Informational Purposes	02/19/2008
Comments:				
Attachment:				
KW08R-038_AR P&C Transmittal Doc.pdf				

February 4, 2008

Arkansas Insurance Department
Property & Casualty Division
1200 W 3rd St
Little Rock, AR 72201-1904

RE: Argonaut Great Central Insurance Company, # 19860-0457
Retail Grocers Program
Business Income Change
Company Filing No.: KW08R-038

Submitted Via SERFF

Dear Sir or Madam:

Please accept the attached rate and rule filing on behalf of Argonaut Great Central Insurance Company. At this time, we are making the following change to the Commercial Lines Manual Rule page for the Retail Grocers Program: Section 50. Business Income (and Extra Expense) Coverage Options Rate Modification for Completed Buildings.

To more accurately reflect the exposure for retail furnishing stores business income coverage, we are revising the calculation of the rate for this exposure. The revision of these factors may result in a premium increase. At this time, there is no furniture store premium in Arkansas. There are no changes to our current Loss Cost Multipliers.

Should you have any questions, feel free to contact me directly. Thank you for your time and attention to this matter.

Sincerely yours,



Kimberle S. Williams
Regulatory Analyst
(309) 686-2406
(877) 769-5953 ext. 2406
kwilliams@argonautgroup.com

Enc.

ARGONAUT GREAT CENTRAL INSURANCE COMPANY

RETAIL GROCERS PROGRAM

EXPLANATORY MEMORANDUM

Please accept the attached rate and rule filing on behalf of Argonaut Great Central Insurance Company. At this time, we are making the following change to the Commercial Lines Manual Rule page for the Retail Grocers Program:

Section 50. Business Income (and Extra Expense) Coverage Options Rate Modification for Completed Buildings:

To more accurately reflect the exposure for retail furnishing stores business income coverage, we are revising the calculation of the rate for this exposure. The revision of these factors will result in a premium increase. There are no changes to our current Loss Cost Multipliers.

We have enclosed a marked up version for ease of identifying the change.

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	